

Alabama Board of Nursing
Chapter 610-X-6
Standards of Nursing Practice
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610-X-6-.01 Standards of Practice. The Board of Nursing may adopt standards of nursing practice and continuing competency.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(21).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6-.02 Conduct and Accountability. The registered nurse and licensed practical nurse shall:

- (1) Have knowledge and understanding of the laws and rules regulating nursing.
- (2) Function within the legal scope of nursing practice.
- (3) Be responsible and accountable for the quality of nursing care delivered to patients based on and limited to scope of education, demonstrated competence, and nursing experience.

- (4) Be responsible and accountable for the quality of nursing care delivered to patients by nursing personnel under the individual nurse's supervision.
- (5) Obtain instruction and supervision as necessary when implementing new or unfamiliar nursing techniques or practices.
- (6) Accept individual responsibility and accountability for judgments, actions and nursing competency.
- (7) Collaborate with other members of the health care team.
- (8) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis or disability.
- (9) Respect the dignity and rights of patients and their significant others including, but not limited to:
 - (a) Privacy;
 - (b) Protection of confidential information, unless disclosure is required by law;
 - (c) Freedom from exploitation of physical, mental, sexual, or financial boundaries; and
 - (d) Protection of real and personal property.
- (10) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing.

Author: Alabama Board of Nursing.

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-2(c)(21), 34-21-25(b).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6-.03 Practice of Professional Nursing

- (1) The practice of professional nursing includes, but is not limited to:
 - (a) Care and counseling of patients;
 - (b) Provision of care supportive to or restorative of life and well-being;
 - (c) Exercise of appropriate nursing judgment;
 - (d) Promotion of health and prevention of illness and injury;
 - (e) Executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized prescriber.
- (2) Competence in the practice of nursing by a registered nurse shall include, but is not limited to:
 - (a) Knowledge and compliance with:
 - (1) Applicable statutes and regulations;
 - (2) Standards of nursing practice; and
 - (3) Standardized procedures for nursing practice.
 - (b) Maintenance of knowledge and skills in the area of practice.

(c) Assumption of responsibility for recognizing personal limits of knowledge and experience.

(d) Resolution of situations beyond the expertise of the registered nurse by consulting with or referring patients to other healthcare providers.

(e) Delegation of selected nursing functions to others in accordance with the education and demonstrated competence of the persons. Tasks delegated to unlicensed assistive personnel shall not require the exercise of independent nursing judgment or intervention. Selected nursing functions that may not be delegated include but are not limited to performance of invasive or sterile procedures or administration of medications except as provided in Rule 610-X-6-.06, -.07.

(3) The scope of an individual registered nurse's level of practice includes but is not limited to:

- (a) Educational preparation, initial and continued;
- (b) License status, including Board approval for advanced practice nursing;
- (c) State and federal statutes, and regulations;
- (d) State and national standards appropriate to the type of practice;
- (e) Nursing experience;
- (f) Demonstrated competence; and
- (g) Knowledge, skills, and ability to manage risks and potential complications.

(4) Practice as an advanced practice nurse requires educational preparation, appropriate certification, and approval to practice as outlined in Chapter 610-X-9. Requests for approval of procedures for certified registered nurse practitioners and certified nurse midwives shall comply with the requirements of the Joint Committee for Advanced Practice Nursing.

Author: Alabama Board of Nursing.

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-1(3)(a), 34-21-2(a)(21), 34-21-85.

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6.04 Practice of Practical Nursing

- (1) The practice of practical nursing includes, but is not limited to:
 - (a) Acts designed to promote and maintain health;
 - (b) Prevention of illness and injury;
 - (c) Provision of care using standardized procedures including administering medications and treatments under the direction of a licensed professional nurse or a licensed or otherwise legally authorized prescriber; and
 - (d) Exercise of appropriate nursing judgment.
- (2) Competence in the practice of practical nursing by a licensed practical nurse shall include, but is not limited to:
 - (a) Knowledge and compliance with:

- (1) Applicable statutes and regulations;
 - (2) Standards for nursing practice; and
 - (3) Standardized procedures for nursing practice.
 - (b) Maintenance of knowledge and skills in the area of practice.
 - (c) Assumption of responsibility for recognizing limits of personal knowledge and experience.
 - (d) Resolution of situations beyond the expertise of the licensed practical nurse by consulting with or referring patients to other healthcare providers.
 - (e) Delegation of selected nursing functions to others in accordance with the education and demonstrated competence of the persons. Tasks delegated to unlicensed assistive personnel shall not require the exercise of independent nursing judgment or intervention. Selected nursing functions that may not be delegated include but are not limited to performance of invasive or sterile procedures or administration of medications except as provided in Rule 610-X-6-.06, -.07.
- (3) The scope of an individual licensed practical nurse's level of practice includes, but is not limited to:
- (a) Educational preparation, initial and continued;
 - (b) License status;
 - (c) State and federal statutes, and regulations
 - (d) State and national standards appropriate to the type of practice;
 - (e) Nursing experience;
 - (f) Demonstrated competence; and
 - (g) Knowledge, skills, and ability to manage risks and potential complications.

Author: Alabama Board of Nursing.

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6-.05 Standardized Procedures

(1) For purposes of Chapter 610-X-6, a hospital is defined as a facility described in **Ala. Code 1975** §22-21-20(1), other than a health maintenance organization, which has an organized medical staff or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital, for purposes of Chapter 610-X-6, shall not include the private offices of physicians or dentists, whether in individual, group, professional corporation or professional association practice.

(2) For purposes of Chapter 610-X-6, a standardized procedure is a written policy or protocol establishing the permissible functions, activities, and level of supervision of registered nurses and licensed practical nurses within a licensed hospital setting that is beyond basic nursing education preparation.

Standardized procedure(s) require(s) approval by the chief nursing administrator, chief medical officer, and chief executive officer as evidenced by each signature on the written policy(ies) and protocol(s).

(3) The registered nurse or licensed practical nurse may perform standardized procedures beyond basic educational preparation in licensed hospitals as defined in Rule 610-X-6-.05, if the following requirements are met:

- (a) Completion of an organized program of study;
- (b) Supervised clinical practice;
- (c) Demonstrated competence; and
- (d) Submission of the standardized procedure to the Board prior

to implementation.

(4) Use of standardized procedures in providing patient care in licensed hospitals as defined in Rule 610-X-6-.05 requires written policies and protocols. The written policies and protocols shall:

(a) Be developed through collaboration among the chiefs of nursing, medicine, and administration.

(b) Include planned periodic intervals of clinical competence evaluation.

(5) The RN or LPN shall not administer medications for anesthetic purposes or to render an individual unconscious without meeting the requirements of Chapter 610-X-9-.02.

(6) Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, intraosseus, require a standardized procedure.

(7) Practice beyond educational preparation in settings other than licensed hospitals require approval by the Board prior to implementation, in a format specified by the Board.

(8) Any RN or LPN providing patient care in a licensed hospital shall comply with the standardized procedure(s) of that hospital.

(9) Board action on a proposed standardized procedure may include, but is not limited to:

- (a) Approval;
- (b) Approval as a pilot project for a period of time not to exceed twelve months with reports to the Board at intervals specified by the Board; or
- (c) Denial of the request.

(10) The Board may decline to consider a proposed standardized procedure if the subject of the proposed standardized procedure is the same or similar to the proposed standardized procedure presented in another request that has been considered by the Board within the previous twelve months.

(11) The chief nurse of a licensed hospital that uses standardized procedures shall submit an annual report to the Board in a format specified by the Board.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, §§ 34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6-.06 Delegation by School Nurses

(1) The school nurse is accountable and responsible for the nursing care delivered to students under the nurse's jurisdiction.

(2) Registered nurses or licensed practical nurses who provide nursing care in the school setting through the twelfth grade may delegate specific tasks to unlicensed assistive personnel.

(3) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel following appropriate training and demonstration of competency.

(4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

- (a) Catheterization, clean or sterile;
- (b) Administration of injectable medications, other than premeasured medication for allergic reactions;
- (c) Administration of rectal or vaginal medications;
- (d) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet;
- (e) Tracheotomy care, including suctioning;
- (f) Gastric tube insertion, replacement, or feedings;
- (g) Invasive procedures or techniques;
- (h) Sterile procedures;
- (i) Ventilator care; and
- (j) Receipt of verbal or telephone orders from a licensed prescriber.

(5) The task of providing prescribed oral, topical, ear, eye, nasal, and inhalation medications to a student through twelfth grade may be delegated to unlicensed assistive personnel by the school nurse only when the following conditions are met:

(a) The school nurse identifies the appropriate individual(s) to assist in providing prescribed medications.

(b) The unlicensed assistive personnel selected by the school nurse shall attend a minimum twelve hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.

(6) The school nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(7) The school nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the unlicensed assistive personnel, including, but not limited to:

- (a) Training;

- (b) Competency;
 - (c) Documentation;
 - (d) Error reporting; and
 - (e) Methods of identification of the right student, the right task, the right method, and the right quantity at the right time.
- (8) The school nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to unlicensed assistive personnel.
- (9) The School Nurse Consultant or School Nurse Administrator shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001. Filed July 21, 2004. Effective August 25, 2004.

610-X-6-.07 State of Alabama Independent Living (SAIL) Program

(1) Registered nurses employed by the State of Alabama Independent Living (SAIL) Program administered by the Department of Rehabilitation Services may delegate tasks to a patient's designated caregiver if:

(a) The Department of Rehabilitation Services, in conjunction with the registered nurse, approves the patient's designated caregiver to receive delegation;

(b) The registered nurse is accountable for determining the tasks that may be safely performed by the patient's designated caregiver.

(c) The registered nurse identifies the training needs of the patient's designated caregiver and assures that the training is appropriate for the task to be delegated; and

(d) The patient's designated caregiver demonstrates competency to perform the delegated task.

(2) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

(a) Administration of injectable medications, other than premeasured medication for allergic reactions;

(b) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet; and

(c) Receipt of verbal or telephone orders from a licensed prescriber.

(3) The registered nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(4) The registered nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to the patient's designated caregiver.

(5) The registered nurse is accountable and responsible for the nursing care delivered to patients under the nurse's jurisdiction.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21).

History: September 29, 1982. **Repealed and Replaced:** Filed October 29, 2001. Effective December 3, 2001.

610-X-6-.08 Local Anesthetic Agents

(1) The topical, intradermal, subcutaneous, or intramuscular administration of a local anesthetic agent in a specified amount designated by order of a licensed physician or dentist and in compliance with the Food and Drug Administration regulations may be performed by a licensed practical nurse or registered nurse when they meet the requirements of Rule 610-X-6-.03 or 610-X-6-.04 respectively.

(2) The monitoring and adjustment of local anesthetic agent(s) infusing via an epidural, brachial plexus, or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a licensed physician in compliance with Food and Drug Administration regulations and established nursing standards, including Alabama Board of Nursing Administrative Code Rules 610-X-6-.03 and 610-X-6-.05. The registered nurse is not authorized to administer bolus dosages.

(a) In the licensed hospital or other acute care setting the registered nurse is authorized to replace and refill reservoirs with a solution prepared by a licensed registered pharmacist. The registered nurse is authorized to adjust infusion rates at the direction of a physician licensed to practice medicine or a certified registered nurse anesthetist who is physically present in the facility.

(b) In the home health or nonacute care setting, the registered nurse is authorized to replace the reservoir with solutions prepared by a licensed registered pharmacist. The registered nurse is not authorized to adjust the infusion rate in this setting.

(c) A standardized procedure for practice beyond the basic educational preparation of the registered nurse, as defined in Alabama Board of Nursing Administrative Code 610-X-6-.03 and 610-X-6-.05, is required for the monitoring and adjustment of local anesthetic infusions as described in this rule. The organized program of study shall include:

(1) Advanced cardiac life support or other comparable certification.

(2) Review of pertinent anatomy and physiology.

- (3) Electronic pump/reservoir management.
- (4) Theory of epidural analgesia.
- (5) Neurological assessment.
- (6) Recognition and management of complications.
- (7) Pharmacokinetics and pharmacodynamics.
- (8) Annual review and competency evaluation.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama, 1975**, § 34-21-2(c)(21).

History: May 24, 1996. Filed March 20, 2003. Effective April 24, 2003.

610-X-6-.09 Patient Care Orders

(1) In addition to administration of drugs ordered by a licensed physician or dentist, registered nurses and licensed practical nurses are authorized to administer a legend drug that has been lawfully ordered or prescribed by authorized certified registered nurse practitioners, certified nurse midwives, licensed physician assistants or licensed surgeon assistants.

(2) The RN or LPN may receive medical orders from the authorized prescriber relayed by another licensed or registered health care professional or certified medical assistant.

(3) The RN or LPN may implement written standing orders at the direction of an authorized prescriber.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama, 1975**, §§ 34-21-1 (3), 34-21-2(c)(21)

History: Filed March 20, 2003. Effective April 24, 2003.

610-X-6-.10 Telecommunication for Pronouncement of Patient Death.

The RN or LPN may receive a pronouncement of a patient's death from a physician via telecommunication without a physical examination of the patient by that physician. A standardized procedure shall specify the permissible patient conditions for which the RN or LPN in a specific health care facility or agency may receive the pronouncement of a patient's death by telecommunications.

Author: Alabama Board of Nursing

Statutory Authority: **Code of Alabama, 1975**, §§ 22-31-2, 34-21-2(c)(21)

History: Filed March 20, 2003. Effective April 24, 2003.

610-X-6-.11 Intravenous (IV) Therapy by Licensed Practical Nurses.

(1) A licensed hospital may develop, and submit for approval before implementation, a standardized procedure for intravenous (IV) therapy by a licensed practical nurse as defined in Rule 610-X-6-.05.

(2) The minimum requirements for a licensed practical nurse to perform IV therapy are:

(a) On site supervision by a registered nurse at any time IV push medication therapy is performed by a licensed practical nurse. The registered nurse is required to be physically present and immediately available in the facility. Heparin (10 units:1 ml) flush or saline flush via a peripheral IV line is not a medication within the meaning of these rules.

(b) Successful completion of an organized program of study according to the requirements of Rule 610-X-6-.11(3), supervised clinical practice and demonstrated clinical competence.

(3) The minimum training for the licensed practical nurse that performs selected tasks associated with IV therapy shall include:

(a) Anatomy and physiology.

(b) Fluid and electrolyte balance.

(c) Equipment and procedures in intravenous therapy.

(d) Complications, prevention, and nursing intervention.

(e) Introducing a peripheral intravenous device on an adult patient.

(f) Set-up, replaces, and removes intravenous tubing for gravity flow and/or pump infusion.

(g) Intravenous fluid infusion calculations, and adjustment of flow rates on intravenous fluids, and administration of intravenous medications by piggyback.

(h) Pharmacology of specific drugs and reversal agents, if applicable, and included in the licensed hospital's standardized procedure.

(i) Following one year of experience with IV therapy, administration of medications through a peripheral intravenous catheter by intravenous push, provided the medication does not require the substantial skill, judgment, and knowledge of a registered nurse. Medications that may be administered by a licensed practical nurse if included in the licensed hospital's standardized procedure include, but are not limited to:

(i) H2 blockers.

(ii) Analgesics.

(iii) Antiemetics.

(iv) Antibiotics.

(v) Fifty percent (50%) dextrose in an emergency situation.

(4) Tasks that shall not be performed by a licensed practical nurse include:

(a) Initiation of intravenous therapy in a neonate.

(b) Administration of:

(1) Solutions requiring titration. Solutions, such as heparin drips, that require changes based on lab results subject to written orders or protocol, are not solutions requiring titration for purposes of these rules.

- (2) Blood or blood components.
- (3) Plasma volume expanders.
- (4) Fibrinolytic or thrombolytic agents.
- (5) GP-II-B-III-A inhibitors, also known as platelet-aggregate inhibitors.
- (6) Hyperalimentation administered by routes other than peripheral intravenous catheter.
- (7) IV medications for the purposes of procedural sedation or anesthesia.
- (8) IV medications via push or bolus through a central line.
- (9) IV push insulin, or chemotherapeutic agents. This does not preclude hanging a pre-mixed bag of fluids containing additives except for insulin and chemotherapeutic agents.
- (10) Any other drugs deemed to be inappropriate by the licensed hospital standardized procedure.
- (c) Accessing or programming an implanted IV infusion pump.
- (d) Performance of the repair of a central venous route access device.
- (e) Performance of therapeutic phlebotomy.
- (f) Accessing of a central venous route access device including but not limited to implanted ports and lines used for hemodynamic monitoring.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21)

History: Filed March 20, 2003. Effective April 24, 2003. **Repealed and**

Replaced: Filed September 25, 2006. Effective October 31, 2006. **Amended:** Filed March 12, 2007. Effective April 16, 2007.

610-X-6-.12 Registered Nurse as Surgical First Assistant (RNFA).

- (1) The registered nurse may function as a surgical first assistant according to standardized procedures as defined in Rule 610-X-6-.05. The registered nurse first assistant has the duty to verify that standardized procedures are in effect before performing the functions of a surgical first assistant.
- (2) Performing intra-operative functions as a RNFA is limited to the direct supervision of the attending surgeon physically present in the surgical suite where the case is being performed.
- (3) When directed by the attending surgeon, the RNFA intra-operative functions include but are not limited to:
 - (a) positioning the patient, preparing and draping the surgical site.
 - (b) providing exposure, retraction, and hemostasis.
 - (c) use and handling of surgical instrumentation.
 - (d) tissue handling, dissection, suturing, and stapling.
 - (e) making the skin nick or stab wound for laparoscopic surgery or drains excluding placement of trocar for laparoscopic access.
 - (f) securing drains.

- (g) closing of wounds external to the fascia.
 - (h) harvesting extremity veins and closure of the resulting wounds.
- (4) Functions for the RNFA that are not listed in these rules shall be defined in standardized procedures. Approval by the Board is required prior to implementation of RNFA standardized procedures for all practice settings.
- (5) Standardized procedures for the RNFA shall include a statement of clinical privileges for additional technical functions that are permitted in a hospital.
- (6) The RNFA shall not function as a scrub nurse concurrently with responsibility as a surgical first assistant.
- (7) Practice as a registered nurse first assistant does not include the functions and privileges reserved for advanced practice nurses elsewhere in these rules.

Author: Alabama Board of Nursing

Statutory Authority: Ala. Code, 1975, § 34-21-2 (c)(21)

History: Filed February 3, 2004. Effective March 9, 2004.

610-X-6-.13 Sexual Assault Nurse Examiner (SANE)

(1) A registered nurse may practice as a sexual assault nurse examiner with appropriate additional education, including supervised clinical practice and demonstrated clinical competence.

(a) The educational program for a sexual assault nurse examiner shall comply with the education standards of the International Association of Forensic Nurses. The educational program shall be specific to the population examined by the sexual assault nurse examiner: adult/adolescent or pediatric.

(b) Supervised clinical practice shall occur with one of the following:

(i) A physician licensed to practice medicine in Alabama.

(ii) An advanced practice nurse with experience as a sexual assault nurse examiner.

(iii) Another registered nurse with experience as a sexual assault nurse examiner.

(c) The registered nurse shall demonstrate clinical competence with all aspects of the examination.

(2) A registered nurse who practices as a sexual assault nurse examiner shall:

(a) Practice according to a written protocol signed by a physician licensed in Alabama or an advanced practice nurse with prescriptive authority prior to administering medications for prophylaxis of sexually transmitted diseases or pregnancy.

(b) Conduct examinations of sexual assault or rape victims in accordance with accepted principles of forensic nursing, including, but not limited to, chain of

custody, photodocumentation, colposcopy, documentation, confidentiality, and evidence integrity.

(c) Maintain documentation of appropriate initial and continuing education, supervised clinical practice, and demonstrated clinical competence.

Author: Alabama Board of Nursing

Statutory Authority: Code of Alabama, 1975, §34-21-2(c)(21)

History: Filed May 21, 2004. Effective June 25, 2004.

610-X-6-.14 Reserved

610-X-6-.15 Alabama Department of Mental Health Residential Community Programs

(1) The registered nurse or licensed practical nurse who provides care in residential community mental health programs certified by the Alabama Department of Mental Health is accountable and responsible for the nursing care delivered to patients in those settings.

(2) Registered nurses or licensed practical nurse who provide nursing care in the residential community mental health setting, and the community extensions including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.

(3) The registered nurse is accountable for determining the tasks that may be safely performed by the unlicensed assistive personnel in residential community mental health settings following appropriate training and demonstration of competency.

(4) The specific delegated tasks shall not require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:

- (a) Catheterization, clean or sterile.
- (b) Administration of injectable medications, with the exception of injectable medications for anaphylaxis such as the Epi-pen®.
- (c) Calculation of medication dosages other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
- (d) Tracheotomy care, including suctioning.
- (e) Gastric tube insertion, replacement, or feedings.
- (f) Invasive procedures or techniques.
- (g) Sterile procedures.
- (h) Ventilator care.
- (i) Receipt of verbal or telephone orders from a licensed prescriber.

(5) The task of assisting with the delivery of prescribed eye, ear, nose, oral, topical, inhalant, rectal, or vaginal medications may only be delegated to a mental health worker by the registered nurse or licensed practical nurse only when the following conditions are met:

(a) The registered nurse or licensed practical nurse identifies the appropriate individual(s) to assist in providing prescribed medications.

(b) The mental health worker selected by the registered nurse or licensed practical nurse shall attend a minimum twenty-four (24) hour course of instruction that includes a curriculum approved by the Board and demonstrated competency to perform the delegated task.

(6) The registered nurse or licensed practical nurse shall provide periodic and regular evaluation and monitoring of the individual performing the delegated tasks.

(7) The registered nurse or licensed practical nurse shall routinely and periodically conduct quality monitoring of the tasks performed by the mental health worker, including, but not limited to:

(a) Training.

(b) Competency.

(c) Documentation.

(d) Error reporting.

(e) Methods of identification of the right patient, the right task, the right method, and the right quantity at the right time.

(8) The registered nurse or licensed practical nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).

(9) The Commissioner of the Alabama Department of Mental Health shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Alabama, 1975, § 34-21-2(c)(21).

History: Filed November 22, 2005. Effective December 27, 2005. **Amended:** Filed March 12, 2007. Effective April 16, 2007.